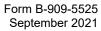


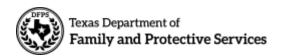
## PRE-TRANSITIONAL MONTHLY PROGRESS REPORT

**Purpose:** Use this form to document monthly contacts and services with individual youth and/or young adults in the pre-transition stage.

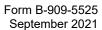
**Directions:** Submit this form as applicable to the DFPS PAL staff. This form must be submitted weekly during the months of September and March by close of business on the Friday following the week of service.

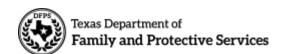
YOUTH INFORMATION					
Youth name:		PID:	Cur	rent address:	
			Ш	Check here if this is a new address	
Phone:			Email:		
		SUMMA	RY O	F CONTACT	
Date:	Type of contac	t:			Hours:
	Face to fac			Email/text/social media	
	Attempted	face to face		Attempted email/text/social media	
	Phone con	tact		Letter mailed	
	Attempted	phone contact	-	□ N/A	
Service type. If type of contact is "attempted," then service type must be "other":  Educational assistance  Housing assistance  Vocational assistance  Other					
Summary of contact: Service type details must support service type selected and summary must include status of Child's Plan goals and needs.					



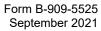


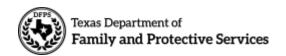
Date: Type of c	ontact:			Hours:		
☐ Face	Face to face Email/text/social media					
☐ Atten	npted face to face	Attempted email/text/	social media			
Phone	e contact	Letter mailed				
Atten	npted phone contact	□ N/A				
Service type. If type of cont  Educational assistance	Service type. If type of contact is "attempted," then service type must be "other":  Educational assistance					
<ul><li>☐ Housing assistance</li><li>☐ Vocational assistance</li><li>☐ Other</li></ul>						
Summary of Contact: Service Child's Plan goals/needs.	e Type details must support S	Service Type selected and sum	mary must inclu	de status of		
erma e riam geais, mecasi						
Date:	Type of contact:		Hours:			
	Face to face	☐ Email/text/social				
	Attempted face to face	media				
	☐ Phone contact	Attempted				
	Attempted phone	email/text/social media  Letter mailed				
	contact	□ N/A				
Service type. If type of contact is "attempted," then service type must be "other":						
Educational assistance	det is determpted, their service	se type must be other .				
☐ Housing assistance						
☐ Vocational assistance						
Other						



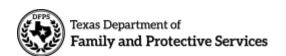


Summary of Contact: Service Type details must support Service Type selected and summary must include status of Child's Plan goals and needs.





Date:	Type of contact:		Hours:	
	Face to face	Email/text/social media		
	Attempted face to face	Attempted email/text/social media		
	Phone contact	Letter mailed		
	Attempted phone contact	N/A		
Service type. If ty	/pe of contact is "attempted," then service			
Educational a		,,		
Housing assis				
☐ Vocational ass				
Other				
	act. Canica type details must support so	nyica type calected and summary must inc	ludo status of	
Child's Plan goals		rvice type selected and summary must inc	iude status oi	
Date:	Type of contact:		Hours:	
	Face to face	Email/text/social media		
	Attempted face to face	Attempted email/text/social media		
	Phone contact	Letter mailed		
	Attempted phone contact	□ N/A		
Service type. If ty	vpe of contact is "attempted," then service	te type must be "other":		
Educational assistance				
☐ Housing assistance				
Vocational assistance				
Other	5.554.166			



Check one:

☐ Delivered ☐ Mailed ☐ Emailed

Summary of contact: Service type details must support service type selected and summary must include status of Child's Plan goals and needs.				
	PERSON COMPLETING THE REPORT			
Case manager signature:	Printed name:	Date:		

Date sent to PAL staff